### **Application Data Sheet**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: 1632

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: CELLS EXPRESSING ANTI-FC

RECEPTOR BINDING COMPONENTS

Attorney Docket Number:: MXI-099CN

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 19

Small Entity?:: Yes

Petition included?::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tibor

Family Name:: Keler

City of Residence:: Ottsville

State or Province of Residence:: PA

Country of Residence:: US

Street of mailing address:: 30 Park Road

City of mailing address:: Ottsville

State or Province of mailing address:: PA

Postal or Zip Code of mailing address:: 18942

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joel

Family Name:: Goldstein

City of Residence:: Edison

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 3804 Hana Road

City of mailing address:: Edison

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08817

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Family Name:: Graziano

City of Residence:: Frenchtown

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 26 Kingsridge Road

City of mailing address:: Frenchtown

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08825

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Yashwant

Middle Name:: M.

Family Name::

Deo

City of Residence::

**East Brunswick** 

State or Province of Residence::

NJ

Country of Residence::

US

Street of mailing address::

35 Cortland Drive

City of mailing address::

**East Brunswick** 

State or Province of mailing address::

NJ

Postal or Zip Code of mailing address::

08816

# **Correspondence Information**

Correspondence Customer Number::

00959

### **Representative Information**

Representative Customer Number::

00959

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/203958	12/02/98
09/203958	An application claiming the benefit under 35 USC 119(e)	60/067232	12/02/97